UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires: January 31, 2008
Estimated average burden
hours per response....... 4.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is SJM Transaction (Series A Prefer	an amendment and na	ame has changed,	and indicate cha	inge.)	and the linde	riving Shares Issuable
Upon Exercise Thereof) 1	reu Stock, warrants	to Furchase Su	ares or series A	r Treferred Stock		
Filing Under (Check box(es) that ap Type of Filing: New Filing	ply): ☐ Rule 504 ☑ Amendment	□ Rule 505	☑ Rule 506	☐ Section 4(b)	☐ ULOE	SEC Mail Processin
		BASIC IDENTI	FICATION DA	TA		anon -
1. Enter the information requested	about the issuer	-		· <u>·</u>		FFB o 3 7009
Name of Issuer (□ check if this is as		e has changed, ar	nd indicate chang	ge.)		——
Magnetecs Corporation						Masonaton De
Address of Executive Office 10524 S. La Cienega Blvd., Inglew		(Number and Stre	eet, City, State, Z	310-0	hone Number (549-9000	Including Area Code)
Address of Principal Business Opera (if different from Executive Officers Same		(Number and Stre	ROCESS	·	ohone Number (Including Area Code)
Brief Description of Business	•		FEB 1 1 20	B		
Type of Business Organization ☐ corporation ☐ business trust	☐ limited partners☐ limited partners	hip, already them hip, to be formed Month	MSON REL	FIERS (please s	pecify	09002767
Actual or Estimated Date of Incorporation or Organization of Incorporation or Organization	anization: (Enter t	: 03	0 3 ostal Service abb	reviation for State	Estimated: DE	
GENERAL INSTRUCTION Note: The issuers that file with the Commission and 2008 but before March 16, 2009. During must file amendments using Form D (17 Federal: Who Must File: All issuers making and 77d(6). When to File: A notice must be filed not exchange Commission (SEC) on the eard due, on the date it was mailed by United Where to File: U.S. Securities and Exchapted Copies Required: Two (2) copies of this of the manually signed copy or bear type Information Required: A new filing must information requested in Part C, and any the SEC. Filing Fee: There is no federal filing fee State: This notice shall be used to indicate reliat that have adopted this form. Issuers rely made. If a state requires the payment of be filed in the appropriate states in accordinate.	otice on Temporary Forms that period, an issuer als CFR 239.500) and others. The control of the	n D (17 CFR 239.56) on may file in paper wise comply with a liance on an exempt the first sale of seculed by the SEC at the definition of the SEC, one of where the SEC, one of where the companion of the compani	20T) or an amendm format an initial null the requirements the interest of the	nent to such a notice otice using Form D of § 230.503T. Ion D or Section 4(6 g. A notice is deemlow or, if received a low or, if re	in paper format of (17 CFR 239.500)), 17 CFR 230.501 ed filed with the Let that address after py not manually significant the Appendithose states that he tate where sales a hall accompany this did must be completed.	et seq. or 15 U.S.C. U.S. Securities and the date on which it is signed must be a photocopy g, any changes thereto, the ix need not be filed with the date on which it is signed must be a photocopy g, any changes thereto, the ix need not be filed with the ave adopted ULOE and the to be, or have been is form. This notice shall ted.
Failure to file notice in the ap appropriate federal notice wi filing of a federal notice.		ll not result in	a loss of the fe			
are n	ns who respond to to to tespool to required to respool number.					

SEC 1972 (9-08) 2088/024856-0001 984924.01

1 of 8

The original Form D, to which this Amended Form D relates, was filed with the Securities and Exchange Commission on February 3, 2006.

A. BASIC IDENTIFICATION DATA

- Enter the information requested for the following: 2.
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(es) that Apply:	□Promoter	☑ Beneficial Owner	☑ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Name (Last name first, if in Shachar, Josh	dividual)				
Business or Residence Add					
10524 So. La Cienega. Ing		90304 ⊠ Beneficial Owner	⊠ Executive Officer	☑ Director	☐ General and/or
Check Box(es) that Apply:	☐ Promoter	E Belieficial Owlie	Es Executive Officer	E Director	Managing Partner
Name (Last name first, if in Gang, Eli S.	dividual)				
Business or Residence Adda		treet, City, State, Zip Code)			
10524 So. La Cienega. Ing		90304 ⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Check Box(es) that Apply:	- Promoter	⊠ Belieficial Owlici	Executive officer	C Director	Managing Partner
Name (Last name first, if in Atid Capital Partners, LL					
Business or Residence Add					
230 Park Avenue, Suite 1: Check Box(es) that Apply:	D Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or
Check Box(es) that Apply.	- 1 Tolliotei	C Beneficial Owner	E Excount officer)	Managing Partner
Name (Last name first, if in Adelzadeh, Faroukh	dividual)				
Business or Residence Add					
10524 So. La Cienega, Ing Check Box(es) that Apply:		□ Beneficial Owner	☑ Executive Officer		☐ General and/or
Check Box(es) that Apply.	- I Tomotei	Belieficial Owlief	E Executive Officer	E Director	Managing Partner
Name (Last name first, if in Van Wagner, William	dividual)				
Business or Residence Addi	ress (Number and S	treet, City, State, Zip Code)			
230 Park Avenue, Suite 1:					rm o + 11
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Name (Last name first, if in Lombroso, Eytan	dividual)				
Business or Residence Add				,	
230 Park Avenue, Suite 1: Check Box(es) that Apply:	Dromoter □	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Check Box(es) that Apply.	- I Tolliotei	Es Denenetal Owner	E Executive Officer	_ Director	Managing Partner
Name (Last name first, if in St. Jude Medical, Inc.	dividual)				
Business or Residence Addr One Lillehei Plaza St. Pau		treet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Name (Last name first, if in Cookston, H. Stephen	dividual)				
Business or Residence Addi 10524 So. La Cienega, Ing					
10.524 St. La Clenega, 108		ca blank cheet, or convend use ad	ditional aguine of this shoot as		

					B. II	NFORMA'	TION AB	OUT OFF	ERING						
,	Has the issu				ad to call	to non oaa	aditad inv	netore in th	ie offering	?				Yes □	No ☑
1.	Has the issi	uer sola, of	does the i			to non-acci Appendix									
_	110								_					\$ 100	ነ በበበ
2.	What is the	minimum	invesimen	t that will	be accept	ed Iroin an		11 (**************	*************		Yes	
3.	Does the of	fering peri	nit joint ov	wnership o	of a single	unit	· · · · ·					*************			☑
4.	Enter the commission person to be list the national dealer, you on E.	n or simil be listed is ne of the	ar remune an associa broker or	ration for ated perso dealer. If	solicitati on or agen f more tha	on of purc it of a brok an five (5)	hasers in er or deale persons t	connection er register o be lister	n with sale ed with th	es of secur e SEC and	rities in th I/or with a	e offering. state or st	. If a ates,		
	I Name (Last	name first	, if individ	ual)						<u></u>					
				٠											
Bu	siness or Res	idence Add	iress (Num	ber and S	treet, City,	, State, Zip	Code)								
Nai	me of Associ	ated Broke	r or Dealer	· · · · · · · · · · · · · · · · · · ·											
						,									
Sta	tes in Which														
	(Check "Al	I States" o	r check ind	lividual St	ates)			*						l All S	tates
	AL	AK	ΑZ	AR	CA	CO	CT	DE	DE	FL	GA	HI	ID		
	IL	ĨŇ	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO		
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK]	OR	PA		
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR		
Ful	l Name (Last	name first	, if individ	ual)		•	4 % 4 .								
Bus	siness or Resi	dence Add	Iress (Num	ber and S	treet, City,	State, Zip	Code								
Naı	me of Associa	ated Broke	r or Dealer	•											
Sta	tes in Which	Person Lis	ted Has So	licited or	Intends to	Solicit Pur	chasers		···						
	(Check "Al	1 States" o	r check ind	lividual St	ates)		.,							All S	tates
	AL	AK	ΑZ	AR	CA	CO	[CT]	DE	DE	FL	GA	HI	[ID]		
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO		
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA		
	RI	SC	SD	TN	TX	UT ·	VT	VA	WA	WV	WI	WY	PR		
Ful	l Name (Last	name first	, if individ	ual)											
_	 						<u> </u>								
Bus	siness or Resi	dence Add	lress (Num	ber and Si	treet, City,	State, Zip	Code								
Nar	me of Associa	ated Broke	r or Dealer	•											
Sta	tes in Which	Person Lis	ted Has So	licited or	Intends to	Solicit Pur	chasers							<u></u>	
	(Check "Al					•					•••••	• • • • • • • • • • • • • • • • • • • •	🗆	All S	tates
	AL	AK	ΑŽ	AR	CA	CO	CT	DE	DE	FL	GA	HI	ID		
	IL	IN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО		
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA		
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Offering Price Already Sold Type of Security Debt 699,936 1,499,999 Equity..... ☐ Common ☑ Preferred Convertible Securities (including warrants)..... ı Partnership Interests ____).... Other (Specify _ 699,937 \$ 1,500,000 Total..... Answer also in Appendix, Column 3, if the filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of person who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number of of Purchases Investors Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if the filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Dollar Amount Type of Security Sold Type of offering Rule 505 Regulation A..... Rule 504 Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees

Other Expenses (identify)

abla

30,000

30,000

Printing and Engraving Costs

Engineering Fees

Sales Commissions (specify finders' fees separately).....

Total

b.	and total expenses furnished in respect	gregate offering price given in response to Part C - onse to Part C - Question 4.a. This difference is	the "adj	uste	j				\$ <u>1,470,000</u>
5.	each of the purposes shown. If the	usted gross proceeds to the issuer used or proposed amount for any purpose is not known, furnish ar ate. The total of the payments listed must equal the onse to Part C — Question 4.b above.	n estimate	and	i				
				1	D	yments to Officers irectors & Affiliates			Payments to Others
	Salaries and fees			◩	s	300,000		\$_	100,000
	Purchase of real estate				\$			\$_	
					s			\$_	
	Construction or leasing of plant buildir	ngs and facilities		\square	\$	40,000		\$_	
	offering that may be used in excha	ding the value of securities involved in this nge for the assets or securities of another		т	¢		п	¢	
						118,000		_	
	• •								321,000
	•			٦	Ψ		121	Ψ_	321,000
	• • • • • • • • • • • • • • • • • • • •								
					\$			\$_	600,000
								\$_	1,021,000
	Total Payments Listed (column totals a	added)	************	•		☑	\$_		1,470,000
		D. FEDERAL SIGNATURE							
nfo	nature constitutes an undertaking by the issuer to any community of the issuer to any	be signed by the undersigned duly authorized person e issuer to furnish to the U.S. Securities and Exchanon-accredited investor pursuant to paragraph (b)(2)	nge Comi of Rule 5	nissi 102.	ce is f	iled under I pon written	Rule req	50 uest	5, the following of its staff, the
	er (Print or Type) gnetecs Corporation	Signature Non Dan	Da 	te /s	3/	, 2009			
	ne of Signer (Print or Type)	Title of Signer (Print or Type)		•					
van	liam Van Wagner	Secretary							

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

2088/024856-0001 984924.01

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE							
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?								
		See Appendix, Column 5, for state res	ponse.						
2.	The undersigned issuer hereby under D (17 CFR 239.500) at such times as		any state in which this notice is filed a notice on Form						
3.	The undersigned issuer hereby uncissuer to offerees.	dertakes to furnish to the state administrator	rs, upon written request, information furnished by the						
4.	Limited Offering Exemption (ULO)	that the issuer is familiar with the condition E) of the state in which this notice is filed a establishing that these conditions have been sa	is that must be satisfied to be entitled to the Uniform and understands that the issuer claiming the availability stisfied.						
	er has read this notification and knows porized person.	s the contents to be true and has duly caused t	this notice to be signed on its behalf by the undersigned						
-	rint or Type)	Signature	Date //8/ 2009						
	Signer (Print or Type)	Title of Signer (Print or Type)							

Secretary

William Van Wagner

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend to non-ac	to sell	3 Type of security and aggregate offering price		5 Disqualification under State ULOE (if yes, attach explanation of				
	investors (Part B-	in State	offered in state (Part C-Item I)		Type o amount p (Par		waiver granted) (Part E-Item 1)		
State_	Yes	No		Number of Number of Accredited Non-Accredited Investors Amount Investors Amount				Yes	No
AL				;	_				
AK									
AZ		·							
AR									
CA		x	Series A Preferred Stock, Warrants to Purchase Series A Preferred Stock and the Underlying Shares Issuable Upon Exercise Thereof; \$199,938	2	\$199,938	0	0		x
со									
СТ									
DE						,	-		
DC					<u> </u>				
FL									
GA							,		
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МІ				- · · · · · · · · · · · · · · · · · · ·					
MN			Series A Preferred Stock, Warrants to Purchase Series A Preferred Stock and the Underlying Shares Issuable Upon Exercise Thereof; \$499,999	1	\$499,999	o	0		x
MS		<u> </u>		· :					
1419		l			<u>L</u>	·		İ	L

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APPENDIX

1	2		3	4 5							
	Intend to non-ac investors (Part B-	credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
МО											
MT											
NE											
NV											
NH											
NJ											
NM											
NY											
NC											
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VT											
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